

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

|   |                 |  |   |  |                 |      |            |
|---|-----------------|--|---|--|-----------------|------|------------|
| Name (Print/Type)   | Martha Cisneros |  | Signature                                 |  |                 | Date | 10-03-2001 |
| <p style="text-align: center;"><b>TRANSMITTAL</b></p> <p style="text-align: center;"><input checked="" type="checkbox"/> Small Entity      <input checked="" type="checkbox"/> Large Entity</p>   |                 |  |   | Application Number   | 09/863,215      |      |            |
|   |                 |  |   | Confirmation Number  | 9634            |      |            |
|   |                 |  |   | Filing Date  | May 22, 2001    |      |            |
|   |                 |  |   | First Named Inventor   | Beste           |      |            |
|   |                 |  |   | Examiner   | Unassigned      |      |            |
|   |                 |  |   | Group Art  | 1725            |      |            |
|   |                 |  |   | Attorney Docket No.  | AERX070DIV      |      |            |
|   |                 |  |   |  |                 |      |            |
| <p>ENCLOSED:</p> <p><input checked="" type="checkbox"/> Preliminary Amendment</p> <p><input type="checkbox"/> 37 CFR § _____</p> <p><input checked="" type="checkbox"/> Pages      <u>5</u></p>   |                 | Claims   | No. of claims as filed or after amendment | Most claims previously paid for  | <b>RECEIVED</b> | Rate | Totals     |
|   |                 | Total  | 2   | 20   | OCT 19 2001     | \$ - |            |
|   |                 | Independent  | 1   | 3  |                 | \$ - |            |
|   |                 | Multiple   |   |  |                 |      |            |
|   |                 | Total Extra Claim Fees   |   |  |                 | \$ - |            |
| <p><input type="checkbox"/> Applicants Petition for an Extension of time from _____ to _____</p> <p><input type="checkbox"/> Response to File Missing Parts (with copy of formalities letter)</p> <p><input type="checkbox"/> Filing Fee</p> <p><input type="checkbox"/> Executed Declaration</p> <p><input type="checkbox"/> Other _____</p> |                 | A _____ month extension was previously filed and paid for thereby reducing the basic fee |   |  |                 |      |            |
|   |                 |  |   |  |                 |      |            |
|   |                 |  |   |  |                 |      |            |
|   |                 |  |   |  |                 |      |            |
|   |                 |  |   |  |                 |      |            |
| <p><input checked="" type="checkbox"/> Information Disclosure Statement</p> <p><input checked="" type="checkbox"/> PTO Form 1449</p> <p><input checked="" type="checkbox"/> AL Copies of Cited References</p> <p><input type="checkbox"/> Other _____</p>   |                 | Pages  | 1   | Fee  | _____           |      |            |
|   |                 | Surcharge Fee _____  |   |  |                 |      |            |
|   |                 | Fee _____  |   |  |                 |      |            |
|   |                 | Fee _____  |   |  |                 |      |            |
|   |                 | Fee _____  |   |  |                 |      |            |
| Subtotal \$ -   |                 |  |   |  |                 |      |            |
| <p><input type="checkbox"/> Response to Notice to Comply (with copy of Notice to Comply)</p> <p><input type="checkbox"/> Sequence Listing Certification</p> <p><input type="checkbox"/> Paper Copy of Sequence Listing</p> <p><input type="checkbox"/> Diskette in computer-readable format</p> <p><input type="checkbox"/> Other _____</p>   |                 | Pages  | _____                                     | Fee  | _____           |      |            |
|   |                 | Subtotal \$ -  |   |  |                 |      |            |
|   |                 |  |   |  |                 |      |            |
|   |                 |  |   |  |                 |      |            |
|   |                 |  |   |  |                 |      |            |

|  |   |                  |                                 |
|--|---|------------------|---------------------------------|
| <input type="checkbox"/> Terminal Disclaimer   | Fee   |                  |                                 |
| <input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group  |   |                  |                                 |
| <input type="checkbox"/> Notice of Appeal  | Pages   | Fee              | _____                           |
| <input type="checkbox"/> Appeal Brief in Triplicate  | Pages   | Fee              | _____                           |
| <input type="checkbox"/> Reply Brief   | Pages   | Fee              | \$ -                            |
|  |   | Subtotal         | \$ -                            |
| <input type="checkbox"/> Other Enclosures and/or Fees  | Fee _____   |                  |                                 |
| <input type="checkbox"/> Change of Correspondence Address  |   |                  |                                 |
| <input checked="" type="checkbox"/> Return Receipt Postcard  | TOTAL FEES  |                  | \$ -                            |
| <p><b>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</b></p> |   |                  |                                 |
| <b>SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED</b>  |   |                  |                                 |
| Name (Print/Type)  | Alan W. Cannon  | Registration No. | 34,977                          |
| Signature  |  | Date             | 10/3/01                         |
| Firm Name  | Bozicevic, Field & Francis LLP  | Address          | 200 Middlefield Road, Suite 200 |
| City   | Menlo Park  | State            | California                      |
| Telephone - Direct Dial  | 650-327-3400  | Facsimile        | 650-327-3231                    |
| zip  | 94025   |                  |                                 |

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